Docket No.: 003D.0032.U1(US)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method for Encapsulation of a Chipcard and Module Obtained Thus

the specificat	ion of which:		
(check one)	is attached hereto.		
		as U.S. Application (if applicable).	Serial No, and was
		claimed in PCT Internation filed on April 16, 2003 and	
		under PCT Article 19 on	(if any)
		under PCT Article 34 as pu l Preliminary Examination	blished in the Annex(es) to the Report (if any).
		and understand the contamended by any amendme	ents of the above-identified nt referred to above.
known to me			emark Office all information as defined in Title 37, Code of
application(s any foreign a) for patent or inventor's	certificate(s) listed below a inventor's certificate(s) have	tes Code, §119 of any foreign nd have also identified below ving a filing date before that of
Prior Foreign Application(s)			Priority Claimed
0204899	France	18 April 2002	⊠Yes □ No
(Number)	(Country)	(Day/Mon/Year File	ed)

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.)

(Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

All attorneys associated with Customer No.: 29,683

SEND CORRESPONDENCE TO:

Customer No. 29,683

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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FIRST NAME MIDDLE NAME **FULL NAME** LAST NAME OF INVENTOR: De Maquille Yannick CITY & STATE OR COUNTRY CITIZENSHIP RESIDENCE & CITIZENSHIP: Saint Germain en Laye, France France POST OFFICE ADDRESS: 5 bis, rue Maurice Denis F-78100 Saint Germain en Laye, France Date 27 ochode Looy FIRST NAME **FULL NAME** LAST NAME MIDDLE NAME OF INVENTOR: Mischler Jean-Jacques CITY & STATE OR COUNTRY **CITIZENSHIP RESIDENCE &** CITIZENSHIP: Cierrey, France France POST OFFICE ADDRESS: 5, rue Michel Chambrin F-27930 Cierrey, France Date 27 octobre 2004 Signature · LAST NAME **FULL NAME** FIRST NAME MIDDLE NAME Mathieu Christophe RESIDENCE & CITY & STATE OR COUNTRY **CITIZENSHIP** CITIZENSHIP: France Poissy, France POST OFFICE ADDRESS: 187 bis, avenue de Maréchal Foch F-78300 Poissy, France Date 28 octobre 2004 Signature